

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24583

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1000

Registered No. 5970

City.....

(No. 4009 Westminster)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds. 19

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Laura H. Udell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 6th 1848

7. AGE

YEARS

84

MONTHS

9

DAYS

X

IF LESS than 1
day, hrs.
or min.

OCCUPATIONS

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Insurance
Salesman

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Jefferson Ohio

FATHER

13. NAME

Cornelius Udell

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Jefferson Ohio

15. MAIDEN NAME

Lois Langworthy

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Jefferson, Ohio

17. INFORMANT

Mrs Elizabeth U. Tombaugh

18. BURIAL, CREMATION, OR REMOVAL

Valhalla Crem.

DATE

7-8-1933

19. UNDERTAKER

D.R. Lupton & Sons

(ADDRESS)

#4449 Oliver Street

20. FILED

ULL -7 1933 J F Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from

Jan 14 1932 to July 6 1933

I last saw him alive on July 5 1933 Death is said

to have occurred on the date stated above, at 940 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Coronary Sclerosis

Date of onset

Other contributory causes of importance:

Prostatic Gland

Paralytic Agitation

Name of operation none Evisceration Date of -

What test confirmed diagnosis? Urinal Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury - 1933

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify -

(Signed) Louis H. Peters M. D.

(Address) 102 20 Broadway

James Murray

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10. 1. 10.